

1. What lines of business is your group responsible for?

Mark All That Apply	
	HMO
	PPO
✓	Both HMO and PPO
	Indemnity
	Other
	Don't know / Refused

First, I'd like to ask you several questions concerning requests for pre-authorization...

2. a. Does _____ (Company Name) require providers or patients to request pre-authorization from your company before conducting certain procedures?

Mark One	
✓	Yes
	No → Skip to 6.
	Don't know / Refused

- b. [If 2.a. is Yes] What percentage of total procedures would you estimate typically require pre-authorization?

Mark One	
	Less than 10%
	10% - 19.99%
	20% - 29.99%
	30% - 39.99%
✓	40% - 49.99%
	50% - 59.99%
	60% - 69.99%
	70% - 79.99%
	80% - 89.99%
	90% - 99.99%
	All procedures
	Don't know / Refused

3. a. Are Providers currently able to send requests for pre-authorization to you electronically?

Mark One	
✓	Yes
	No → Skip to 3.d.
	Don't know / Refused

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b. [If 3.a. is Yes] What percentage of total pre-authorization requests would you estimate are currently being sent electronically?

Mark One	
	Less than 10%
	10% - 19.99%
	20% - 29.99%
	30% - 39.99%
	40% - 49.99%
	50% - 59.99%
✓	60% - 69.99%
	70% - 79.99%
	80% - 89.99%
	90% - 99.99%
	All pre-authorizations
	Don't know / Refused

c. When did _____ (Company Name) first institute this electronic processing option?

Mark One	
	Over 10 years ago (1991 or before)
	10 years ago (During 1992)
	9 years ago (During 1993)
	8 years ago (During 1994)
✓	7 years ago (During 1995)
	6 years ago (During 1996)
	5 years ago (During 1997)
	4 years ago (During 1998)
	3 years ago (During 1999)
	2 years ago (During 2000)
	Last year (During 2001)
	Earlier this year (During 2002)
	Don't know / Refused

→ Skip to 4.

d. [If 3.a. is No] How does _____ (Company Name) presently handle pre-authorization requests?

Mark All That Apply	
	Mail
	Telephone
	Fax
	Other
	Don't know / Refused

e. To the best of your knowledge, does _____ (Company Name) have any plans to institute an electronic processing option in the future?

Mark One	
	Yes
	No
	Don't know / Refused

→ Skip to 6.

f. [If 3.e. is Yes] When do you anticipate _____ (Company Name) will begin to make this electronic processing option available?

Mark One	
	Prior to the end of this year (2002)
	Next year (During 2003)
	Within 2 years (By 2004)
	Within 3 years (By 2005)
	Within 4 years (By 2006)
	At least 5 years (2007 or later)
	Don't know / Refused

→ Skip to 6.

4. a. Is an acknowledgment returned to the authorizing Provider or Specialist?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
	Don't know / Refused

→ Skip to 6.

b. [If 4.a. is Yes] Are such acknowledgements sent via ... (INSERT - READ AND ROTATE)

Mark All That Apply	
<input checked="" type="checkbox"/>	Standard Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Fax
<input checked="" type="checkbox"/>	Electronic data transmission
	Other
	Don't know / Refused

c. How quickly are such acknowledgements currently able to be returned using your system? If there is a range of response times, what would you estimate is the fastest time before a response is returned by your system, and what would you estimate is your system's slowest response time?

Mark One for each...

Fastest Mark One	Slowest Mark One	
		A minute or less (0 - 60 seconds)
<input checked="" type="checkbox"/>		Within 5 minutes (1.01 - 5 minutes)
		Within 10 minutes (5.01 - 10 minutes)
		Within 1 hour (10.01 - 30 minutes)
		Within 1 hour (30.01 - 60 minutes)
		Within 2 hours (1.01 - 2 hours)
		Within 3 hours (2.01 - 3 hours)
		Within 5 hours (3.01 - 5 hours)
		Within 8 hours (5.01 - 8 hours)
		Within 1 day (8.01 - 24 hours)
	<input checked="" type="checkbox"/>	Within 2 days (1.01 - 2 days)
		Within 3 days (2.01 - 3 days)
		More than 3 days (3.01 days or more)
		Don't know / Refused

d. By this time next year, how quickly do you anticipate that _____ (Company Name) _____'s system will be able to return such acknowledgements? If you still anticipate that there will be a range of response times, what would you estimate your system's fastest and slowest response times will be this time next year?

Mark One for each...

Fastest Mark One	Slowest Mark One	
		A minute or less (0 - 60 seconds)
✓		Within 5 minutes (1.01 - 5 minutes)
		Within 10 minutes (5.01 - 10 minutes)
		Within 1 hour (10.01 - 30 minutes)
		Within 1 hour (30.01 - 60 minutes)
		Within 2 hours (1.01 - 2 hours)
		Within 3 hours (2.01 - 3 hours)
		Within 5 hours (3.01 - 5 hours)
	✓	Within 8 hours (5.01 - 8 hours)
		Within 1 day (8.01 - 24 hours)
		Within 2 days (1.01 - 2 days)
		Within 3 days (2.01 - 3 days)
		More than 3 days (3.01 days or more)
		Don't know / Refused

e. I'd like to read you a list of factors that some information systems take into account in making a decision to approve or deny authorization. Which of these factors, if any, does _____ (Company Name) _____'s system take into account in making such a decision? (READ FACTORS)

Mark All That Apply	
✓	Whether or not the patient is enrolled
✓	Whether or not the patient is eligible
	Items contained in the patient's medical history
✓	The diagnosis, diagnosis code or some other indication of patient symptoms entered by the provider
	Results from diagnostic tests
	Results from radiology
	Are there any other factors you can think of that your system uses and that I haven't already listed? List below.
	Don't know / Refused

Other factors that are used in the _____ (Company Name) _____ system in deciding to approve or deny authorization (from above, if any):

--

f. Next, I am going to read you a list of attributes that some information systems may provide as part of the user interface, or alternatively offer as an option, to assist Providers in entering the correct diagnosis or proposed treatment.

Which of these attributes, if any, does _____ (Company Name) 's system currently offer?
(READ FEATURES)

Mark All That Apply	
<input checked="" type="checkbox"/>	The system can assist the user to locate and enter the proper diagnosis or diagnosis code
<input checked="" type="checkbox"/>	The system can assist the user to locate and enter the proper treatment or treatment code
<input checked="" type="checkbox"/>	The system can display the most likely treatments or treatment codes corresponding to the diagnosis (or diagnosis code) selected by the user
<input checked="" type="checkbox"/>	Once a proposed treatment is entered, the system can suggest various details such as length of stay, number of follow-up visits, etc. to help the user complete the tentative treatment proposal
<input checked="" type="checkbox"/>	The system can provide alerts and/or contra-indications based on the patient's medical history or prior treatment history
	Are there any other attributes you can think of that your system offers to assist providers in entering the correct diagnosis or proposed treatment, but that we haven't already discussed? <i>List below.</i>
<input checked="" type="checkbox"/>	None (No assistance is currently provided by the system either in entering a diagnosis into the system or in selecting an appropriate proposed treatment) <i>Continue with 4.g.</i>
	Don't know / Refused

→ Skip to 4h.

Other attributes currently offered in the _____ (Company Name) system to help assist providers in entering the correct diagnosis or proposed treatment (from above, if any):

--

g. [Include only if 4.f. is None] To the best of your knowledge, how likely is it that _____ (Company Name) will incorporate any of these sorts of attributes into its system within the next 3 years?

Mark One	
<input type="checkbox"/>	Highly likely
<input type="checkbox"/>	Somewhat likely
<input type="checkbox"/>	Somewhat unlikely
<input type="checkbox"/>	Highly unlikely
<input type="checkbox"/>	Don't know / Refused

h. Do acknowledgements that are returned by the _____ (Company Name) system contain:

...Approval/denial information?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

...What about authorization codes?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

i. Is such authorization ever withheld pending:

...Utilization review?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused / Not Asked

...Second opinion?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused / Not Asked

j. In the aggregate, approximately what percentage of the time would you estimate that such utilization review or second opinion results in a change in the Provider's treatment proposal?

Mark One	
<input type="checkbox"/>	Never (0%)
<input type="checkbox"/>	Less than 1% of the time
<input checked="" type="checkbox"/>	1% to 2% of the time
<input type="checkbox"/>	3% to 4% of the time
<input type="checkbox"/>	5% to 6% of the time
<input type="checkbox"/>	7% to 10% of the time
<input type="checkbox"/>	11% to 15% of the time
<input type="checkbox"/>	16% to 20% of the time
<input type="checkbox"/>	21% to 30% of the time
<input type="checkbox"/>	41% to 40% of the time
<input type="checkbox"/>	51% to 60% of the time
<input type="checkbox"/>	61% to 70% of the time
<input type="checkbox"/>	More than 70% of the time
<input type="checkbox"/>	Don't know / Refused

5. a. Are either the authorized Provider or the Specialist able to query the status of a pre-authorization request electronically through a computer terminal using your system?


Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

b. What about through an automated voice response unit?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

Next, I'd like to talk with you for a few minutes about referrals...

6. a. Does _____ (Company Name) _____ require specialists to receive an authorization from a primary care provider or gatekeeper before providing certain types of services?


Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No 
<input type="checkbox"/>	Don't know / Refused

If 2.a. was No, Skip to 12. However, If both 2.a. and 3.a. were Yes, Skip to 10.

b. [If 6.a. is Yes] What percentage of total referrals would you estimate typically require such permission?

Mark One	
<input type="checkbox"/>	Less than 10%
<input type="checkbox"/>	10% - 19.99%
<input type="checkbox"/>	20% - 29.99%
<input checked="" type="checkbox"/>	30% - 39.99%
<input type="checkbox"/>	40% - 49.99%
<input type="checkbox"/>	50% - 59.99%
<input type="checkbox"/>	60% - 69.99%
<input type="checkbox"/>	70% - 79.99%
<input type="checkbox"/>	80% - 89.99%
<input type="checkbox"/>	90% - 99.99%
<input type="checkbox"/>	All referrals
<input type="checkbox"/>	Don't know / Refused

7. a. Are Providers currently able to send referral requests to you electronically?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No 
<input type="checkbox"/>	Don't know / Refused

Skip to 7.d.

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b. [If 7.a. is Yes] What percentage of total referral requests would you estimate are currently being sent electronically?

Mark One	
	Less than 10%
	10% - 19.99%
	20% - 29.99%
	30% - 39.99%
	40% - 49.99%
	50% - 59.99%
✓	60% - 69.99%
	70% - 79.99%
	80% - 89.99%
	90% - 99.99%
	All referral requests
	Don't know / Refused

c. When did _____ (Company Name) first institute this electronic processing option?

Mark One	
	Over 10 years ago (1991 or before)
	10 years ago (During 1992)
	9 years ago (During 1993)
	8 years ago (During 1994)
	7 years ago (During 1995)
	6 years ago (During 1996)
	5 years ago (During 1997)
	4 years ago (During 1998)
	3 years ago (During 1999)
	2 years ago (During 2000)
✓	Last year (During 2001)
	Earlier this year (During 2002)
	Don't know / Refused

→ Skip to 8.

d. [If 7.a. is No] How are referral requests communicated to _____ (Company Name) at the current time?

Mark All That Apply	
	Mail
	Telephone
	Fax
	Other
	Don't know / Refused

e. To the best of your knowledge, does _____ (Company Name) have any plans to institute an electronic processing option in the future?

Mark One	
	Yes
→	No
	Don't know / Refused

If 2.a. was No, Skip to 12. However,
If both 2.a. and 3.a. were Yes, Skip to 10.

f. [If 7.e. is Yes] When do you anticipate _____ (Company Name) will begin to make this electronic processing option available?

Mark One	
	Prior to the end of this year (2002)
	Next year (During 2003)
	Within 2 years (By 2004)
	Within 3 years (By 2005)
	Within 4 years (By 2006)
	At least 5 years (2007 or later)
	Don't know / Refused

Skip to 10.

8. a. Is a written acknowledgment returned to the Provider or Specialist who made the referral request?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
	Don't know / Refused

Skip to 10.

b. [If 8.a. is Yes] Are such acknowledgements sent via ... (INSERT – READ AND ROTATE)

Mark All That Apply	
<input checked="" type="checkbox"/>	Standard Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Fax
<input checked="" type="checkbox"/>	Electronic data transmission
	Other
	Don't know / Refused

c. How quickly are such acknowledgements currently able to be returned using your system? If there is a range of response times, what would you estimate is the fastest time before a response is returned by your system, and what would you estimate is your system's slowest response time?

Mark One for each...

Fastest Mark One	Slowest Mark One	
		A minute or less (0 - 60 seconds)
<input checked="" type="checkbox"/>		Within 5 minutes (1.01 - 5 minutes)
		Within 10 minutes (5.01 - 10 minutes)
		Within 1 hour (10.01 - 30 minutes)
		Within 1 hour (30.01 - 60 minutes)
		Within 2 hours (1.01 - 2 hours)
		Within 3 hours (2.01 - 3 hours)
		Within 5 hours (3.01 - 5 hours)
	<input checked="" type="checkbox"/>	Within 8 hours (5.01 - 8 hours)
		Within 1 day (8.01 - 24 hours)
		Within 2 days (1.01 - 2 days)
		Within 3 days (2.01 - 3 days)
		More than 3 days (3.01 days or more)
		Don't know / Refused

d. By this time next year, how quickly do you anticipate that _____ (Company Name) _____'s system will be able to return such acknowledgements? If you still anticipate that there will be a range of response times, what would you estimate your system's fastest and slowest response times will be this time next year?

Mark One for each...

Fastest Mark One	Slowest Mark One	
		A minute or less (0 - 60 seconds)
✓		Within 5 minutes (1.01 - 5 minutes)
		Within 10 minutes (5.01 - 10 minutes)
		Within 1 hour (10.01 - 30 minutes)
		Within 1 hour (30.01 - 60 minutes)
		Within 2 hours (1.01 - 2 hours)
		Within 3 hours (2.01 - 3 hours)
		Within 5 hours (3.01 - 5 hours)
	✓	Within 8 hours (5.01 - 8 hours)
		Within 1 day (8.01 - 24 hours)
		Within 2 days (1.01 - 2 days)
		Within 3 days (2.01 - 3 days)
		More than 3 days (3.01 days or more)
		Don't know / Refused

e. I'd like to read you a list of factors that some information systems take into account in making a decision to approve or deny referral requests. Which of these factors, if any, does _____ (Company Name) _____'s system take into account in making such a decision? (READ FACTORS)

Mark All That Apply	
✓	Whether or not the patient is enrolled
✓	Whether or not the patient is eligible
	Items contained in the patient's medical history
✓	The diagnosis, diagnosis code or some other indication of patient symptoms entered by the provider
	Results from diagnostic tests
	Results from radiology
	Are there any other factors you can think of that your system uses and that I haven't already listed? <i>List below.</i>
	Don't know / Refused

Other factors that are used in the _____ (Company Name) _____ system in deciding to approve or deny referral requests (from above, if any):

f. Next, I am going to read you a list of attributes that some information systems may provide as part of the user interface, or alternatively offer as an option, to assist Providers in making referral requests.

Which of these attributes, if any, does _____ (Company Name) _____'s system currently offer?
(READ FEATURES)

Mark All That Apply	
<input checked="" type="checkbox"/>	The system can assist the user to locate and enter the proper diagnosis or diagnosis code
<input checked="" type="checkbox"/>	The system can assist the user to locate and enter the name of a specialist and/or proper treatment or treatment code
<input checked="" type="checkbox"/>	The system can display the most likely treatments or treatment codes corresponding to the diagnosis (or diagnosis code) selected by the user
<input checked="" type="checkbox"/>	Once a proposed referral is entered, the system can suggest various details such as facility location, number of follow-up visits, etc to help the user complete the referral request
<input checked="" type="checkbox"/>	The system can provide alerts and/or contra-indications based on the patient's medical or prior treatment history
	Are there any other attributes you can think of that your system offers to assist providers in entering the correct diagnosis, proposed treatment or details of the proposed referral, but that we haven't already discussed? <i>List below.</i>
	None (No assistance is currently provided by the system either in entering a diagnosis, proposed specialist or in selecting the appropriate proposed treatment) <i>Continue with 8.g.</i>
	Don't know / Refused

→ Skip to 8h.

Other attributes currently offered in the _____ (Company Name) _____ system to help assist providers in entering the correct diagnosis, proposed treatment or referral details (from above, if any):

--

g. [Include only if 8.f. is None] To the best of your knowledge, how likely is it that _____ (Company Name) _____ will incorporate any of these sorts of attributes into its system within the next 3 years?

Mark One	
	Highly likely
	Somewhat likely
	Somewhat unlikely
	Highly unlikely
	Don't know / Refused

h. Do acknowledgements that are returned by the _____ (Company Name) _____ system contain:

...Approval/denial information?

Mark One	
<input checked="" type="checkbox"/>	Yes
	No
	Don't know / Refused

...What about authorization codes?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

i. Is such acknowledgement ever withheld pending:

...Utilization review?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused / Not Asked

...Second opinion?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused / Not Asked

j. In the aggregate, approximately what percentage of the time would you estimate that such utilization review or second opinion results in a change in the proposed referral?

Mark One	
<input type="checkbox"/>	Never (0%)
<input type="checkbox"/>	Less than 1% of the time
<input checked="" type="checkbox"/>	1% to 2% of the time
<input type="checkbox"/>	3% to 4% of the time
<input type="checkbox"/>	5% to 6% of the time
<input type="checkbox"/>	7% to 10% of the time
<input type="checkbox"/>	11% to 15% of the time
<input type="checkbox"/>	16% to 20% of the time
<input type="checkbox"/>	21% to 30% of the time
<input type="checkbox"/>	41% to 40% of the time
<input type="checkbox"/>	51% to 60% of the time
<input type="checkbox"/>	61% to 70% of the time
<input type="checkbox"/>	More than 70% of the time
<input type="checkbox"/>	Don't know / Refused

9. a. Are either the authorized Provider or the Specialist able to query the status of a referral request electronically through a computer terminal using your system?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

b. What about through an automated voice response unit?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

I appreciate your time, and only have a couple of additional questions, and then we're finished...

10. a. Did _____ (Company Name) develop any of the software used for electronic processing of referrals and/or pre-authorizations that we just discussed?

Mark One	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

Skip to 10c.

b. [If 10.a. is Yes] What percentage of the total system would you estimate was developed internally?

Mark One	
<input type="checkbox"/>	Less than 10%
<input type="checkbox"/>	10% - 19.99%
<input type="checkbox"/>	20% - 29.99%
<input type="checkbox"/>	30% - 39.99%
<input type="checkbox"/>	40% - 49.99%
<input type="checkbox"/>	50% - 59.99%
<input type="checkbox"/>	60% - 69.99%
<input type="checkbox"/>	70% - 79.99%
<input type="checkbox"/>	80% - 89.99%
<input type="checkbox"/>	90% - 99.99%
<input checked="" type="checkbox"/>	100%
<input type="checkbox"/>	Don't know / Refused

Skip to 11.

c. [If 10.b. is less than 100%] Which vendor or vendors are you aware provided components of your system that _____ (Company Name) did not develop internally? (INDICATE AS MANY AS APPLY / NAMES SHOWN BELOW ARE EXAMPLES ONLY)

Mark All That Apply	Estimated % by Each	
<input type="checkbox"/>		Amisys
<input type="checkbox"/>		Healtheon (or WebMD, Envoy, Medical Manager or Care Insite)
<input type="checkbox"/>		Medic
<input type="checkbox"/>		Perot Systems
<input type="checkbox"/>		Trizetto (or Erisco)
<input checked="" type="checkbox"/>	100	Other vendors not listed above
<input type="checkbox"/>		Don't know / Refused

List below.

Other vendors who provided components of the system (from above, if any):

NAVI-MADIX

AHM-HIGH 0215

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11. a. Do you have any upgrade plans for your system over the next... (INSERT – READ AND ROTATE)

Mark One	
<input checked="" type="checkbox"/>	0 - 6 Months
<input type="checkbox"/>	6 - 12 Months
<input type="checkbox"/>	12 - 24 Months
<input type="checkbox"/>	24 - 36 Months
<input type="checkbox"/>	No upgrade plans within the next 36 months
<input type="checkbox"/>	Don't know / Refused

- b. What are the primary components of your system that you will be upgrading? (INDICATE AS MANY AS APPLY / AREAS LISTED BELOW ARE EXAMPLES ONLY)

Mark All That Apply	
<input checked="" type="checkbox"/>	HIPAA compliance
<input type="checkbox"/>	Pre-authorization system
<input type="checkbox"/>	Referral system
<input type="checkbox"/>	Web initiatives
<input type="checkbox"/>	Other upgrade not listed above → <i>List below.</i>
<input type="checkbox"/>	Don't know / Refused

Other components of the system planned to be upgraded (from above, if any):

--

12. Do you use regional or national clearinghouses to process:

- a. ...Referrals?

Mark One	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

- b. ...Prior Authorizations?

Mark One	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Don't know / Refused

- c. ...Claims?

Mark One	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No → <i>Skip to 13.</i>
<input type="checkbox"/>	Don't know / Refused

d. [If any of 12.a., 12.b. and/or 12.c. is Yes] What clearinghouse (or houses) are you using?
(INDICATE AS MANY AS APPLY / NAMES SHOWN BELOW ARE EXAMPLES ONLY)

Mark All That Apply	Estimated % by Each	
		AMD
		DK
✓	100%	Envoy
		Medic
		NDC
		Needham
		Multiple (unspecified) firms
		Other firm(s) not listed above <i>List below.</i>
		Don't know / Refused

Other clearinghouses (from above, if any):

--	--

13. a. In processing claims where a referral or pre-authorization was required, is payment prevented by your system if such referral and/or pre-authorization has not been made?

Mark One	
✓	Yes
	No
	Don't know / Refused

- b. Based upon the diagnosis or proposed treatment, in certain cases, does the _____ (Company Name) system automatically approve related ancillary services such as laboratory tests, diagnostic radiology or therapeutic drugs?

Mark One	
✓	Yes
	No
	Don't know / Refused

- c. Based upon the diagnosis, treatment or medical history, in certain cases, does your system identify likely participants for disease management programs and/or recommend possible preventative health or wellness routines for any chronic medical conditions?

Mark One	
✓	Yes
	No
	Don't know / Refused

Skip to 14.

d. [If 13.c. is Yes] For which of the following medical conditions does your system provide this information to the User? (INSERT – READ AND ROTATE / INDICATE AS MANY AS APPLY)

Mark All That Apply	
<input checked="" type="checkbox"/>	Asthma
<input checked="" type="checkbox"/>	Depression
<input checked="" type="checkbox"/>	Diabetes
<input checked="" type="checkbox"/>	Elevated cholesterol or excessive weight
<input checked="" type="checkbox"/>	Gastrointestinal reflux disease (GERD)
<input checked="" type="checkbox"/>	High blood pressure or heart disease
<input checked="" type="checkbox"/>	Hypertension
	Other condition(s) not listed above → <i>List below.</i>
	Don't know / Refused

Other conditions (from above, if any):

14. a. Do you have any printed, publicly available materials that describe your electronic pre-authorization or referral system capabilities (and/or plans), or is it described on a Web site?

Mark One	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No → <i>Skip to 14.c.</i>
	Don't know / Refused

- b. [If 14.a. is Yes] Can you send us any printed information about it? Or do you happen to know the Web site address where the information is located?

List the information they will be sending (if any):

Or indicate the relevant Web site address (if any):

http://www.

NAVIMADIX.COM

- c. [If 14.a. is No] What is the general Web site address for _____ (Company Name) _____ ?

http://www.

HIGHMARK BCBS.COM

That completes all of my questions. Thank you for your time...

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